

Addiction, Progression & Recovery

Understanding the
Stages of Change on the
Addiction Recovery Learning Curve

**“Man is not so lost that Eternal Love may not return—
so long as Hope retaineth ought of green.”**

—Dante.

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Stages of Change on the
Addiction Recovery Learning Curve

Dale Kesten

PESI HealthCare, LLC,
Eau Claire, Wisconsin
2004



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This book is dedicated to Art and Dotty Kesten:

My parents, role models, and inspiration.

Honored, admired, and treasured friends to countless people.

Life partners, business partners, and creative partners.

They have shown me how to be a decent and honest person;

how to love people and bring them together;

how to find my own passion, purpose, and vision in life;

and slowly turn a dream into reality, one day at a time.

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ABOUT THE AUTHOR

Dale Kesten brings solid professional credentials and a depth of practical wisdom and authority to his writing, speaking, public seminars, and clinical training workshops which are drawn not only from his extensive professional experience but also from his unique experience with the process of achieving and sustaining long-term personal change.

He is a licensed clinical social worker and a licensed alcohol and drug abuse counselor who has helped thousands of clients learn how to change some of their most addictive, compulsive, or self-defeating attitudes and behaviors through his work in the mental health and addictions treatment field since 1987.

Equally important for the development of his unique perspective on changing addictive behavior, Dale is also a recovering compulsive overeater who has achieved 23 years of sustained success through his active participation in a self-help recovery program since 1981. At that time he was morbidly obese and weighed more than 300 pounds—and he has now been maintaining a normal weight (and a remarkable weight loss of about 140 pounds) since 1983.

He earned his Bachelors degree in Government from Cornell University and then worked as a Congressional staff assistant in Washington, DC. Dale has also worked as the editor of a professional journal focused on U.S. Army Aviation, and he later completed the intensive Training Program for Alcoholism and Chemical Dependency Counseling sponsored by the National Council on Alcoholism and Other Drug Addictions/Westchester prior to earning his Masters degree in clinical social work from the Columbia University School of Social Work.

Dale has worked as a front-line clinician or clinical supervisor at outpatient psychiatric and substance abuse clinics, intensive outpatient chemical dependency treatment programs, partial hospital dual-diagnosis programs, residential alcohol and drug-abuse treatment centers, and on inpatient psychiatric and medical detoxification units as well.

About the Author

Dale now works primarily as an author, speaker, trainer, personal growth seminar leader, and consultant, and he is currently working on two closely related books:

Rational Spirituality:

Seven Simple Steps for a Healthier, Happier, and More Meaningful Life,

and a companion volume to be called:

The Addiction Recovery Learning Curve:

What It Really Takes to Really Change Compulsive or Addictive Behavior.

Dale is the founder and sole proprietor of ***The HIGHLIGHT ZONE Personal Growth Programs***, a publishing and educational services company located in Westport, Connecticut, where he also remains active as a psychotherapist in private practice. He is married to Elizabeth Lamberton Kesten, a certified alcohol and drug abuse counselor working at Silver Hill Hospital in New Canaan, Connecticut.

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“No man is an island . . .”

—John Donne



I sometimes like to make a joke and say: “There are two kinds of people in the world—those who practice patience, kindness, tolerance, and unconditional love, and those who give others the opportunity to practice.” Generally speaking, I like to count myself among the first group, but I know that during the prolonged process of writing this book I have probably given my wife Liz far more opportunities to practice these virtues than she ever bargained for when we first committed our lives and our love to each other. Choosing to “follow my bliss” has meant walking a path that hasn’t always been very secure or blissful, so I’d like to thank Liz from the deepest part of my soul for all of her love and support through many good times and some fairly tough times and for her wonderful and perceptive feedback as an addictions treatment professional.

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NOTICE

This book is primarily intended to meet the continuing education needs of licensed or certified professionals currently working with patients or clients in healthcare, mental health, addiction treatment, counseling, education, and prevention.

It is not intended to serve as a substitute for appropriate professional education, training, licensure or certification, clinical supervision, or the “practice wisdom” that can only come from years of direct clinical experience.

In particular, it is not intended serve as a substitute for the specialized training and clinical experience required for professional licensure or certification in alcohol and drug abuse counseling or addictions treatment.

This book is also not intended to offer specific clinical or therapeutic advice in particular individual cases. Readers must assume the responsibility to assimilate and apply the information presented in this book into their practice in an individualized, clinically appropriate, and professional way.

Neither the author nor publisher assumes any liability for any misuse or inappropriate application of the information contained in this book in a manner that would constitute professional malpractice or practicing without appropriate professional licensure, certification, or supervision.

For information about how to obtain specialized training and achieve professional licensure or certification in addictions treatment, physicians may contact the:

ASAM—American Society of Addiction Medicine
4601 North Park Avenue, Arcade Suite 101, Chevy Chase, MD 20815
(315) 656-3920—www.asam.org

Other treatment professionals or interested persons may contact:

NAADAC—The Association for Addiction Professionals
901 North Washington Street, Suite 600, Alexandria, VA 22314
(800) 548-0497—www.naadac.org

“Defer not till tomorrow to be wise. Tomorrow’s sun for thee may never rise.”

—William Congreve

“When you are good to others, you are best to yourself.”

—Benjamin Franklin

“All who joy would win must share it—happiness was born a twin.”

—Lord Byron

“Those who bring sunshine to the lives of others cannot keep it from themselves.”

—Sir James Matthew Barrie

“There’s nothing worth the wear of winning but laughter and the love of friends.”

—Hillaire Belloc

“The life-transforming power of unconditional love is like a chisel in the hands of a sculptor—it only works when we tap it.”

—Dale Kesten

PREFACE

“I finally figured out the meaning of life—and then they changed it!”

—George Carlin.

“What if the hokey pokey really is what it’s all about?”



BEGINNING WITH THE END IN MIND

I’m a licensed clinical social worker and a licensed alcohol and drug abuse counselor and I’ve worked as a front-line clinician or clinical supervisor at outpatient psychiatric and substance abuse clinics, intensive outpatient chemical dependency treatment programs, partial hospital dual-diagnosis programs, residential alcohol and drug-abuse treatment centers, and on inpatient psychiatric and medical detoxification units as well.

In May, 1987, I began my first job working in the mental health and addictions treatment field as a nurses-aide level Mental Health Worker on the day shift of an inpatient chemical dependency treatment program at Hall-Brooke Hospital—a psychiatric and substance abuse treatment facility located in my hometown of Westport, Connecticut.

My interest in this field had developed slowly over the previous six years because of my active participation in voluntary service in a self-help recovery program for compulsive overeating. I worked at Hall-Brooke for just over two years, and I completed 12 credits toward a masters degree in clinical social work while I was there—and a one year intensive training program in alcoholism and chemical dependency counseling as well—before moving on to start my first year social work internship as a full-time graduate student.

I have many warm, funny, and striking memories of my time in that first job at Hall-Brooke, and I especially remember something that “Flo” used to say to the assembled patient group now and then. “Flo” was the lone substance abuse coun-

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selor assigned to our treatment unit, working amid an array of psychiatrists, psychologists, clinical social workers, nurses, mental health workers, and psychology and social work interns. Her full name was Florence Johnson, and she was a short, feisty African-American woman with a great sense of humor and a warm heart not too well hidden under her sometimes gruff, challenging manner.

I was privileged to co-lead a late morning psychoeducational discussion group on our unit with Flo five days per week which focused exclusively on addiction and recovery issues. Attendance at this group was required for all of our patients—many of whom had been legally mandated into treatment by the courts as a condition of probation, or otherwise coerced into treatment by the pressure of employers, family members, or others.

About once every other month or so—after most patients in the standard 21 to 28 day rehab program had completed treatment and the normal rate of turnover had produced a mostly new patient group—or whenever a particularly negative or opinionated patient would start grumbling too loudly about what some community volunteer in recovery or some staff member had the nerve to say to them—Flo would interrupt the typical indignant and impassioned tirade with the following comments:

“Excuse me, but let me just remind you that you didn’t exactly fly in here on the wings of victory, and neither did anyone else. As a matter of fact, it was your own best thinking that got you here.

So, let me tell you something:

If you come in here and you’re not ready to change, then nothing that I or anyone else can say will ever help you.

But, if you come in here and you really are ready to change, then nothing that I can say—or that anyone else can say—will ever hurt you.

So why don’t you just take the cotton out of your ears and put it in your mouth?”

I don’t entirely agree with Flo’s first point—that nothing you can say will ever help someone who “isn’t ready to change”—because over many years in many different practice settings I’ve personally observed countless times how the seeds of knowledge and insight that can get planted during one apparently unsuccessful treatment episode will often lie dormant—while a person continues to drink or use drugs and keeps on getting worse—only to sprout, grow, and bear fruit in a successful recovery much later on.

Nevertheless, since alcoholism, drug addiction, and other forms of harmful addiction are so often characterized by high rates of relapse and recidivism, her comments do raise a vital question:

What does it really mean—or what does it really take—for a person to really become “ready, willing, or able” to permanently change a habitual pattern of harmful addiction?

The philosophical approach to addiction treatment and recovery issues presented in this book is based on the following fundamental premises:

First, that the *most practical path* to permanent recovery for people who struggle with serious harmful addiction will be to develop a deep, passionate devotion to a healthy alternative—a positive addiction that will ultimately prove to be far more reliable, rewarding, meaningful, satisfying, and fun.

Second, that the painful personal experience of repeated failure—when they try to “just say no”—strongly suggests that for many people the only *possible* path to permanent success may be to develop a truly enjoyable, healthy, positive addiction to which they can passionately and wholeheartedly “just say yes!”

Third, that any superficial “solution”—or purely hedonistic alternative—will eventually be doomed to failure for many of the people who develop the most severe, intractable, and life-threatening forms of harmful addiction. For them, a viable healthy alternative will usually have to address their deepest sense of the ultimate meaning and purpose of a good life—in a positive and practical manner—and somehow provide them with a *rational* and *reliable* way to access, experience, and practice

the life-transforming power of unconditional love.

In his book, *The 7 Habits of Highly Effective People: Restoring the Character Ethic*—just after noting that highly effective people will habitually tend to “Be Proactive”—Stephen Covey also recommends that readers seeking to develop greater “self-efficacy”—to use a closely related clinical concept—should also learn to:

“Begin with the End in Mind.”

(Covey, 1989)

So, what’s the bottom line going to be when we turn that final page?

Another basic premise of this book is that when people *begin* to *understand*, *accept*, and *practice* sound spiritual principles at a relatively early age—perhaps even during an initial treatment episode for alcohol or drug abuse—and thus *begin* to develop a coherent and positive sense of meaning and purpose in their lives—they may eventually be empowered to find a new way of life so “*reliable, rewarding, meaningful, satisfying, and fun*” that they could be effectively “inoculated” against developing or sustaining any serious harmful addiction—even when they might otherwise be mentally, emotionally, physically, or spiritually “predisposed” for such an unhealthy and unfortunate development.

As clinicians, I believe we should always be devoted to empowering our clients—at any age or stage of life—to continue learning and growing toward greater maturity and wisdom as human beings, and to help them develop a conscious commitment to practice dealing with the problems and opportunities presented by their daily lives in a positive, healthy way.

The therapeutic approach that will be presented in this book represents an eclectic blend of some key elements drawn from a number of different sources. These approaches include: Reality Therapy, Transactional Analysis, Cognitive-Behavioral and Rational-Emotive Therapy, the Voice Dialogue Method, Motivational Enhancement Therapy, Relapse Prevention, Twelve-Step Facilitation, Logotherapy, Transpersonal Psychology, and other sources. The book will identify some central principles and practices in each approach that can be especially relevant to the addiction treatment and recovery process, but I will not try to present a full introduction, or even a complete outline, of each of these approaches within the limited context of this work.

In technical, clinical terms—for those professional readers who may prefer or occasionally need to use them—I have chosen to call the overall eclectic therapeutic approach presented in this book:

“Transpersonal Cognitive Therapy.”

It is based on three simple principles of “*rational spirituality*” which suggest that:

- Many people are apparently unable to use sound rational and emotional coping skills without first calming their minds and centering themselves spiritually.
- True spirituality is natural, healthy, and enhances our rational thinking, and
- Unconditional love is the most peaceful, powerful, and practical spiritual energy in the universe.

However, as we will see very clearly when we consider the critical issues of personal responsibility and motivation for change in harmful addiction, there is a vital corollary to these core principles which gently but firmly reminds us—and hopefully our clients as well—that

the life-transforming power of unconditional love is like a chisel in the hands of a sculptor—it only works when we tap it.

I have chosen to use the word “we” very carefully and deliberately here—rather than saying “you” or “they”—because I have a personal bias which presumes that a good clinician can only communicate and transmit those values, principles, and practices that they have personally embraced and embodied and can therefore role model in a healthy therapeutic relationship with authenticity and integrity.

Thus—if we actually know it for ourselves as an experiential fact—we can suggest to our clients that when we do tap into this awesome power we will begin to gradually remove from our lives all those things that don’t belong in a beautiful work of art.

We can let our clients know that when we thoughtfully reflect upon the core principles and practices of “*rational spirituality*,” we will understand that this mighty power is “alive and well” inside all of us—flowing freely through the deepest spiritual core of our being.

Therefore, when we make a decision to devote our lives to the daily practice of patience, kindness, tolerance, and unconditional love for ourselves and for all others, we will tap into a deep source of inner peace, inner power, personal freedom, and enduring joy that is always dependable and can never be seriously disturbed, diminished, depleted, or destroyed.

For people struggling with serious harmful addictions this is often the best path—and sometimes it may prove to be the only effective path—toward achieving a real and lasting recovery.

“Human perfection,” of course, is an absurd oxymoron, but truly practicing the power of unconditional love and forgiveness will allow each of us to find the humility and self-acceptance to remember that our lives will always be an unfinished “work-in-progress”—hopefully right up to the day we die—on the path of true happiness as we keep tap, tap, tapping away.

Above all else, when we finally see the futility of approaching life like a vacuum cleaner—vainly trying to fill our spiritual emptiness with anything or anyone we can find outside ourselves—and when we make a conscious and deliberate decision to allow the life-transforming power of unconditional love to flow freely through our daily lives from a hidden wellspring deep inside ourselves—like water through a garden hose—to refresh, nourish, and brighten our days and the days of all those whose lives we are privileged to

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touch—then we will come to understand why the principles of *rational spirituality* would suggest that the one primary purpose of a good and meaningful life could be:

“Always to add whatever we can to the stream of goodness and light in our sometimes dark and troubled world, and to help others do likewise.”

Dale Kesten
Westport, Connecticut
April 4, 2004

PART ONE

ADDICTION

CHAPTER 1

Understanding Addiction

“There is in all men a demand for the superlative, so much so that the poor devil who has no other way of reaching it attains it by getting drunk.”

—Oliver Wendell Holmes, Jr.



Many honest and well-intentioned people who drink or use some other kind of drug will eventually find themselves asking a very serious question:

“How do I really know if I have an alcohol or drug abuse problem?”

Some of these people will find that they can’t answer this question objectively for themselves, because their capacity to perceive the truth of the matter—which may seem very clear to outside observers—has become lost or obscured in an unconscious fog of **minimization, rationalization, self-deception, or denial.**

One well-known answer to this classic question therefore suggests, only half-jokingly:

“If you have to ask, then you’ve got a problem.”

In the addiction treatment field it is a very common practice to provide clients with a great deal of basic information regarding addiction and recovery issues. Indeed, it’s fair to say that this is a universal practice in the “best” treatment programs. This is primarily an educational task and it is often accomplished through the use of lectures, videotapes, readings, handouts, worksheets,

and homework assignments. This basic information will then be processed in topic-centered psychoeducational discussion groups where a skilled clinician will keep the client group focused on one critical question:

“How does all of this apply to me?”

This educational experience is deemed to be an essential element in addiction treatment because it helps clients achieve two critical goals in the early stage of the recovery process:

First, they gain **factual information** that helps them understand the true nature of alcoholism or drug addiction in objective terms.

Secondly, this learning process also helps them begin to see through some of their own denial, dishonesty, or self-deception and start to make an **accurate self-diagnosis** of their own condition.

In their clinical text *A Concise Guide to Treatment of Alcoholism and Addictions*, Avram Mack, John Franklin, and Richard Frances make the following observations:

“In the United States, *substance use disorders (SUDs)* present a tremendous medical and social challenge . . . Treatment of SUDs can be extremely difficult. Helping the patient to *recognize a problem* and to *accept help* are the *two most important steps* in treatment, recognized both by self-help groups and by research concerning motivational interviewing and stages of awareness. These two steps are frequently difficult because of the nature of addictive disorders, which leads to denial, lying, and organicity (central nervous system pathology). Both patient and therapist may struggle with the stigma of substance disorders and with accepting that the patient has an illness. *Most patients will wish to achieve controlled use* and will have difficulty accepting the therapist’s standard of *abstinence* as the goal for treatment.”

(Mack, Franklin & Frances, 2001: xv, 1–2. Emphasis added).

One primary purpose of this book is to give you as a clinician the essential information you would need to conduct a thorough psychoeducational assessment and feedback interview with your individual clients—or to facilitate an effective psychoeducational discussion group—that could help some of your clients begin to honestly answer that vital question—“How does all of this apply to me?” In this regard, however, we will *not* get into the area of generic clinical interviewing skills or group facilitation skills, but will keep our focus on

improving your knowledge and understanding of the basic signs, symptoms, and stages of progression into harmful addiction and the long-term learning process that is often involved in helping clients make the vital transition into recovery.

ADDICTION DEFINED

“A problem well-stated is a problem half solved.”

—Charles Kettering.



The word “addiction” is highly charged with emotion for many people. It often evokes strong negative stereotypes and images of “junkies,” “crack heads,” “dope fiends,” or “drug addicts.” The word “alcoholism” carries much of the same negative baggage in our society, evoking negative stereotypes of the “alcoholic” as a “hopeless drunk,” a “lush,” a “wino,” or a “skid row bum.”

Prestigious academic, scientific, medical, and government organizations—such as the American Medical Association, the American Psychiatric Association, the American Society of Addiction Medicine, the United States Department of Health and Human Services, and the World Health Organization, among many others—have long recognized that serious problems with alcohol or drug abuse are manifestations of a chronic “disease” or “disorder.”

Despite this, many negative stereotypes persist and harsh terms such as those mentioned above are still used by some people as insulting and judgmental labels that stigmatize people with alcohol or drug abuse problems as being weak, shameful, sinful, or morally bankrupt. Even when the terms “alcoholism” or “addiction” are vaguely understood to represent some kind of illness, we find that the words “sick” or “pathological” may often be used in an angry and abusive way to demean and insult the person involved rather than objectively describe a condition from which they suffer.

Virtually all professionals working in the addiction treatment field today have rejected the old-fashioned “moral model” of addiction as fundamentally flawed—even those who also dispute the newer “disease model.” Advocates of the “social learning model” of addiction, for example, propose that addiction is essentially “a learned behavior that can be unlearned.” For them, alcohol or drug abuse problems do not reflect the absence of “strong values, good character, or moral fiber” in the addicted person *nor* do they reflect the presence of any “disease.” For social learning theorists, serious addiction problems stem mostly from a lack of adequate coping skills in the addicted person.

American public attitudes toward addiction have also shifted radically away from the “moral model” over the past few decades, and the overall concept of addiction has also expanded to suggest something much larger and all-inclusive than ever imagined before. The basic meaning of the word “addiction” in our popular culture today now extends far beyond the limits of alcohol or drug abuse to embrace a much wider range of problem substances or activities. These would include things such as nicotine addiction; compulsive gambling; compulsive overeating; food addiction; sugar addiction; caffeine addiction; compulsive spending and debting; workaholism; rage, anger; and abusiveness; dysfunctional and dependent relationships; sexual addiction; pornography; hoarding and clutter; internet surfing; computer and video games; excessive television viewing; spectator sports, excessive exercise, and so forth.

While this broader concept of addiction has become the butt of jokes at times—as reflected by the humorous or sarcastic use of hybrid terms such as “chocoholic,” “foodaholic,” or “shopaholic”—it has also been applied more seriously with the use of terms such as “workaholic” or “rageaholic.” This relatively new notion has also been recognized clinically in many significant ways and this trend is reflected by the growing acceptance and use of more objective, technical terms such as:

“compulsive-addictive behavior.”

In their book *Craving for Ecstasy: The Consciousness & Chemistry of Escape*, Harvey Milkman and Stanley Sunderwirth talk about “the compelling urge to feel wonderful,” and they also use various terms such as “compulsive pleasure seeking,” “mood-altering behaviors,” and “pathological habits.” They stress the validity of this broader understanding of addiction as a central tenet of their book, and note that:

“The term *addiction* was once reserved for dependence on drugs. Today it is applied to a range of compulsive behaviors as disparate as working too hard and eating too much chocolate. In fact, there are essential biological, psychological, and social common denominators between drug use and other habitual behaviors. Whether your pleasure is meditation or mescaline, cocaine or cults, you are addicted when you cannot control when you start or stop an activity.

“Gradually, addiction came to imply psychological need over and above the traditional constructs of physical demand and distress upon withdrawal.

“Compulsion, loss of control, and continuation despite harmful consequences became new criteria for the determination of addiction.”

Specifically, Milkman and Sundwerwirth identify three preferred styles of coping that will usually lead people of different personality types to prefer one of three basic types of addiction:

satiation, arousal, or fantasy.

In this regard, they also point out that:

“People do not become addicted to drugs or mood-altering behaviors as such, but rather to *the sensations of pleasure* that can be achieved through them. We repeatedly rely on three distinct types of experience to achieve feelings of well-being: *relaxation, excitement, and fantasy*. As they say in show business:

‘You’ve gotta feed ‘em, shock ‘em, or amuse ‘em.’”

(Milkman & Sunderwirth, 1987: ix, xi–xii, 1–2, 6, 18, 174. Emphasis added)

Jalie Tucker, senior editor of the book *Changing Addictive Behavior*, clearly acknowledges this trend—as reflected in the title chosen for the book itself. In her introductory chapter reviewing historical and contemporary perspectives on addiction she points out that:

“medical notions about the disease of alcoholism have . . . been disseminated and generalized on such a scale that they have become *a cultural metaphor for all impulse control problems* (e.g. alcohol and drug abuse, gambling, overeating, sex and computer addiction) at least in the United States.”

(Tucker, 1999:6. Emphasis added)

So what does the word “addiction” really mean? In layman’s terms, most people would say that an “addiction”—by way of definition—has to involve some kind of habitual behavior that sooner or later gets “out of control.” In order to qualify as a *genuine* addiction, this “bad habit” must also be something that the “addict” is “unable to stop”—often because they experience some kind of “painful withdrawal symptoms” whenever they try to “go cold turkey,” and “kick the habit.” Beyond this, in order to qualify as a *real addiction*, most people would say that the negative habit involved *must* cause a significant number of “serious problems” and produce major “negative consequences” for the addicted person, and for his or her family, friends, or co-workers.

My favorite dictionary tells me that the word “addiction” actually means:

- To habitually devote oneself—or give oneself up—to a particular behavior or activity.

Understanding Addiction

The word “addiction,” is drawn from the Latin word “*addictus*,” and the related verb: “*addicere*,” which is derived from the words “*ad*,” meaning “to,” and “*dicere*,” meaning “say,” and what the word really means is:

- “To give assent.”

Addiction, in the original sense of the word, essentially involves making an affirmative choice. Expressed in the simplest terms, to become “addicted” literally means:

- To say “yes.”

To “devote,” also involves making an affirmative choice. Its roots are found in the Latin verb “*devovere*,” (to dedicate by vow), and it means:

- To dedicate, consecrate, give up, or apply oneself to some purpose, activity, or person.

To “give up,” while also defined as making an affirmative choice, involves making a choice that might be considered as positive, negative, or value neutral.

To “give up” means:

- To despair and lose hope.
- To admit failure and stop trying.
- To hand over, turn over, relinquish, or surrender.
- To sacrifice and wholly devote.

THE BIG QUESTION

“Out, out, brief candle! Life’s but a walking shadow, a poor player that struts and frets his hour upon the stage and then is heard no more: it is a tale told by an idiot, full of sound and fury, signifying nothing.”

—William Shakespeare.



There’s a classic question that most good actors are always asking themselves as they prepare a to enter a role, develop a character, and play a particular scene:

“What’s my motivation?”

One day a background extra working on a movie was given the direction to stand up, glance at his watch, look around, and then walk out a side door on the set when he heard a certain cue in the script.

He asked the Assistant Director who had quickly told him to do all this:

“What’s my motivation?”

And the Assistant Director—who probably had about two minutes available to give individual directions to a crowd of background extras working in that particular shot—said to the budding actor:

“Your motivation is to stand up when you hear that line, glance at your watch, look around, and then walk out that door or you’re fired.”

When talking about actors or extras working in comedy or drama on stage or screen it’s easy to joke about inner direction or motivation, but in real life this isn’t a joking matter.

In fact, nothing could be more serious.

Life constantly poses *one very big question* that we all have to answer in one way or another many times every day. Philosophically, some people feel strongly that this is the only question we all must face on a daily basis that *really counts*:

“What I am going to think, feel, say, or do—right now—in this very moment?”

This one vital question, put another way, asks simply:

“What do I really care about deeply enough, right here and now, to say:

‘Yes, that’s what I’ll do?’”

During every waking moment of our lives, with every choice we make, whether consciously or unconsciously, we are always answering this fundamental question by saying: “yes” to something. Moreover, we all tend to become deeply “devoted” or “dedicated” to our most habitual choices—even if we don’t think about our choices or behavior in those terms. In fact, most of us will become so attached to our most habitual choices that these behaviors eventually start to look much more like *automatic, unthinking* “responses” rather than *conscious or deliberate* “choices.” And when that happens, as it routinely does for most of us, it’s probably fair to say that we’re “hooked.”

Understanding Addiction

This is why “addiction” in one form or another is now so widely recognized as being *an almost universal phenomena*, and why so many people today can relate very easily to the idea that:

“We’re *all* addicted to something.”

More accurately, it’s probably fair to say:

“We’re all addicted to *many* things.”

When we ponder the persistent problem that so many people face in controlling their own blatant or subtle emotional over-reactivity it might be valuable for us to ask our clients to think about any irrational beliefs or distorted thinking patterns they may be able to identify in themselves in the following terms:

- Am I *addicted* to feeling frustrated, angry, intolerant, or impatient when people don’t do what I want or things don’t go my way?
- Am I *addicted* to feeling sad, hurt, disappointed, or angry when people don’t seem to like me, love me, accept me, respect me, recognize me, reward me, or treat me the way I’d like them to?
- Am I *addicted* to leaping to conclusions or to personalizing things in my imagination that actually may have nothing to do with me?
- Am I *addicted* to feeling tense or pressured by a never-ending list of shoulds and musts and resentful, guilty, or ashamed because of my own sense of imperfection, inadequacy, laziness, or rebellion?
- Am I *addicted* to comparing myself with other people and feeling ashamed, unworthy, inferior, judgmental, arrogant, proud, angry, self-righteous, or superior?
- Am I *addicted* to seeing people or situations in simplistic terms that reflect a critical all-or-nothing, black-or-white, good-or-bad, always-or-never attitude with no real understanding or tolerance for gray areas of imperfection, ambiguity, or uncertainty?
- Am I *addicted* to seeing only the worst or most negative aspects of a person or a situation and to consistent blindness regarding their positive features or possibilities?
- Am I *addicted* to pessimism, fear, worrying about the future, and feeling anxious, depressed, or doomed, because I always irrationally predict or expect the worst?
- Am I *addicted* to regretting or resenting the past and harshly judging myself or others for past failures, mistakes, misdeeds, or missed opportunities?

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